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ABSTRACT

This paper describes the participants, treatment features and outcomes of a day treatment program for adolescents with emotional and behavioral problems, who had been formally adjudicated "dependent." Characteristics of the 133 adolescents served over a 5-year period are presented along with a chart of referral sources for each year of the program. The multi-dimensional treatment model, emphasizing a supportive, caring environment, is described including behavior management, education, family services, counseling, and conflict resolution. Results of the program are presented for graduates, non-completers with high attendance (more than 50 days), and non-completers with low attendance (less than 50 days). Implications drawn from the results are discussed in a concluding section. (MCF)

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DAY TREATMENT FOR ADOLESCENTS: A FIVE-YEAR STATUS REPORT

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June, 1983

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A major concern in the fields of child welfare and children's mental health is preventing the need for children to be removed from their families. Theoretically, at least, substitute care, whether in a foster home, group home, residential treatment center, or psychiatric hospital, is to be used as a last resort only in cases where all non-residential alternatives have failed, or where a serious danger exists. In fact, however, substitute care and treatment is often used before potentially effective non-residential alternatives are exhausted. The present report describes the effect of a day treatment program for multi-problem adolescents on keeping children within their family.

Day treatment is potentially a very powerful treatment program. It combines mental health and educational services while focusing both on children and their families (Friedman, 1980). Services are typically provided at least five hours per day for five days per week over a period of several months to several years, making it one of the most intensive and broadest programs of services available on a non-residential basis. Further, day treatment is a flexible service which can be used for youngsters who require more than traditional outpatient and special education treatment, in conjunction with placement in foster care or a group home, or as a transition back from residential treatment.

Recent reviews of the effectiveness of day treatment programs for adult mental health clients have concluded that for many clients, day treatment is at least as effective, if not more so, than more expensive hospital treatment (Kiesler, 1982; Moscowitz, 1980). These reviews have also pointed out that because of financial and system disincentives, day treatment has often been an overlooked service despite its value. This neglect of day treatment has also been typical in childrens services, with occasional exceptions.

The present paper will describe the participants, treatment features, and outcomes of a day treatment program for adolescents, conducted as a demonstration program by the Adolescent Project of the Florida Mental Health Institute, between 1977 and 1982. From 1977 to 1979, the program was conducted collaboratively with the Florida Department of Health and Rehabilitative Services and exclusively served adolescents with emotional and behavioral problems, who had been formally adjudicated "dependent." From 1980-1982, the program was conducted jointly with the Hillsborough County Board of Educaton, and served a more general group of severely disturbed adolescents.

Subjects

During this five year period, a total of 133 adolescents were served in the day treatment program. For the first two years of the program, referrals were only accepted from the local public child welfare agency so that special study could be conducted of the problems of this system. For the last three years, referrals were accepted from all community agencies. For the last two

years all youngsters accepted into the program met the public school criteria for being "severely emotionally disturbed." Table 1 presents the referral sources for each year of the program. This table reflects the special focus of the first two years on child welfare clients.

The age and sex distribution of the subjects is shown in Table 2. Almost two-thirds of the program participants were males with the peak ages being 14 and 15. There were 26 black participants (19.5%) and 107 white (80.5%). Of the black participants, only seven were female (26.9%) in comparison to 39 of the white students (36.4%).

Only 19 of the 133 participants (14.2%) were living with both biological parents at the time of entry into the program. An additional 78 (58.7%) were living with one biological parent. Of the remaining subjects, 28 (21.0%) were in foster care and eight (6.0%) were living with relatives when they entered the program. When step-parents are taken into consideration, 35.2% of the non-foster care children were living in a two-parent home at the time of entry. Of the total group of 133 participants, 27 youngsters had already had at least one hospitalizaton for psychiatric reasons (20.3%) prior to beginning the day treatment program.

Treatment Program

In order to meet the wide range of needs presented by the adolescents and their families, a multi-dimensional treatment model emphasizing a supportive, caring environment, was developed. Systems for dealing with five major treatment areas were designed. These areas were behavior management, conflict resolution, counseling, family intervention, and education (see Figure 1). While these are listed as separate and distinct areas, each tended to overlap into the others to form a comprehensive treatment approach for each youngster and family.

Each participant attended a variety of classes every day. In addition to the basic academic curriculum of reading, math, and social studies, special classes in health, social skills, and PE/Leisure were offered. Both individual and group counseling sessions were conducted. All activities were designed to help students experience success, acquire new skills, in particular learn useful problem solving procedures, and develop positive relationships with each other and staff.

The multi-dimensional approach called for close collaboration between all treatment staff each day. Regular meetings were held to discuss progress, deal with problems and provide for good communication.

The behavior management system was based on the concept that the most effective method of reducing inappropriate behaviors is to strengthen

Table 1

Referral Sources By Year

	Year						
	1	2	3	4	5	Total	%
Foster Care	16	5	3	6	2	32	24.1
Foster Care Supervision	6	6	0	0	0	12	9.0
Ungovernable	13	16	6	5	3	43	32.3
Youth Services	0	0	2	2	2	6	4.5
Other HRS	0	0	4	2	0	6	4.5
CMHC	0	2	4	0	0	6	4.5
Schools	0	2	6	2	3	13	9.8
Private Practitioners	0	2	5	0	1	8	6.0
Other	0	1	2	3	1	7	5.3
Total	35	34	32	20	12	133	100
%	26.3	25.6	24.1	15.0	9.0	100	

Table 2

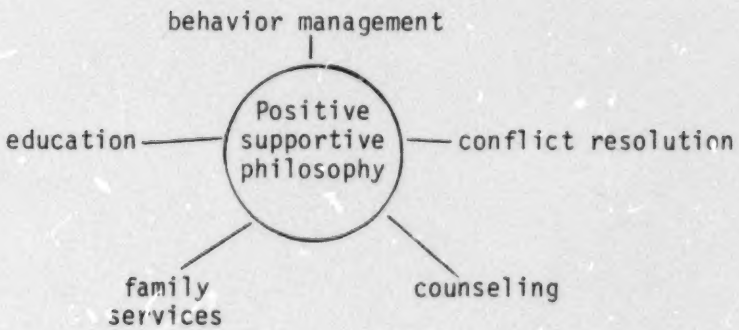
Age and Sex at Time of Entry

Age	Males		Females		Total	
	N	%	N	%	N	%
12	1	1.1	1	2.2	2	1.5
13	13	14.9	7	15.2	20	15.0
14	28	32.2	20	43.5	48	36.1
15	31	35.6	12	26.1	43	32.3
16	11	12.6	4	8.7	15	11.3
17	3	3.4	2	4.4	5	3.8
	87	(65.4)	46	(34.6)	133	

Figure I

MULTI-DIMENSIONAL TREATMENT

MODEL



appropriate behaviors (see Figure II). Therefore the thrust of the system was on the positive. Points were awarded for specified behaviors. Youngsters had the opportunity to earn points, but did not lose them. The points were kept at a small manageable level of ten per period. In addition to positive points a series of personalized reinforcers were instituted. The majority of these were rewards for student behaviors and accomplishments in school and linked to the family in some fashion. Written commendations, calls home, and extra privileges were all included in this area. Field trips, a point store, and special events with staff were also used as reinforcers. The point store, where youth could exchange points for a store item, was unsuccessful and was eliminated. It was felt that the outings, particularly special outings with staff, were most effective.

At the center of the behavior management system was the concept of problem solving. Special procedures were utilized to enhance the positive resolution of problems that might occur during the program day. Time-in counseling, a procedure combining behavioral and problem solving components, was utilized. This procedure was also used as a conflict resolution tool (Friedman, Quick, Palmer, & Mayo, 1983).

Procedures for conflict resolution were a critical feature of the daily treatment. Conflict with staff and peers was a common occurence. The conflict was viewed as an opportunity to teach new skills, assist in the development of insight, and an opportunity to understand the feelings that led to the difficulty. Time-in counseling, fair fight and special social skills classes were used as tools to deal with the issues of conflict.

Individual and group counseling sessions were a major feature of the program. Each youth attended an individual counseling session once a week. The counselor tended to be the youth's family worker. The content of the session was up to the worker and youth. Group was conducted three times per week. The general emphasis was placed on the interactions between youth during the program day.

The family intervention was considered a critical component of the program. Each youth and family was assigned a worker. This individual was responsible for eight families plus follow-up work. Close communication between the home and program was maintained during the youth's stay. Weekly family visits were held during the early phase of treatment. This was gradually decreased toward termination. The family was kept very involved in treatment plans and decisions. Family stability and crisis work was done using behavioral concepts, structured family work and supportive counseling. The family worker informed staff of events in the home, arranged discharge plans, and continued to see the youth and family after discharge.

Results

Program participants were divided into three groups: graduates; non-completers with high attendance; and non-completers with low attendance. Graduates were individuals who remained in the program until most of their treatment goals were attained, and whose discharge was the result of careful joint planning between staff, student, and family. Non-completers with high attendance (NH) were defined as participants who attended 50 days or more of

BEHAVIOR MANAGEMENT SYSTEM

PROBLEM SOLVING

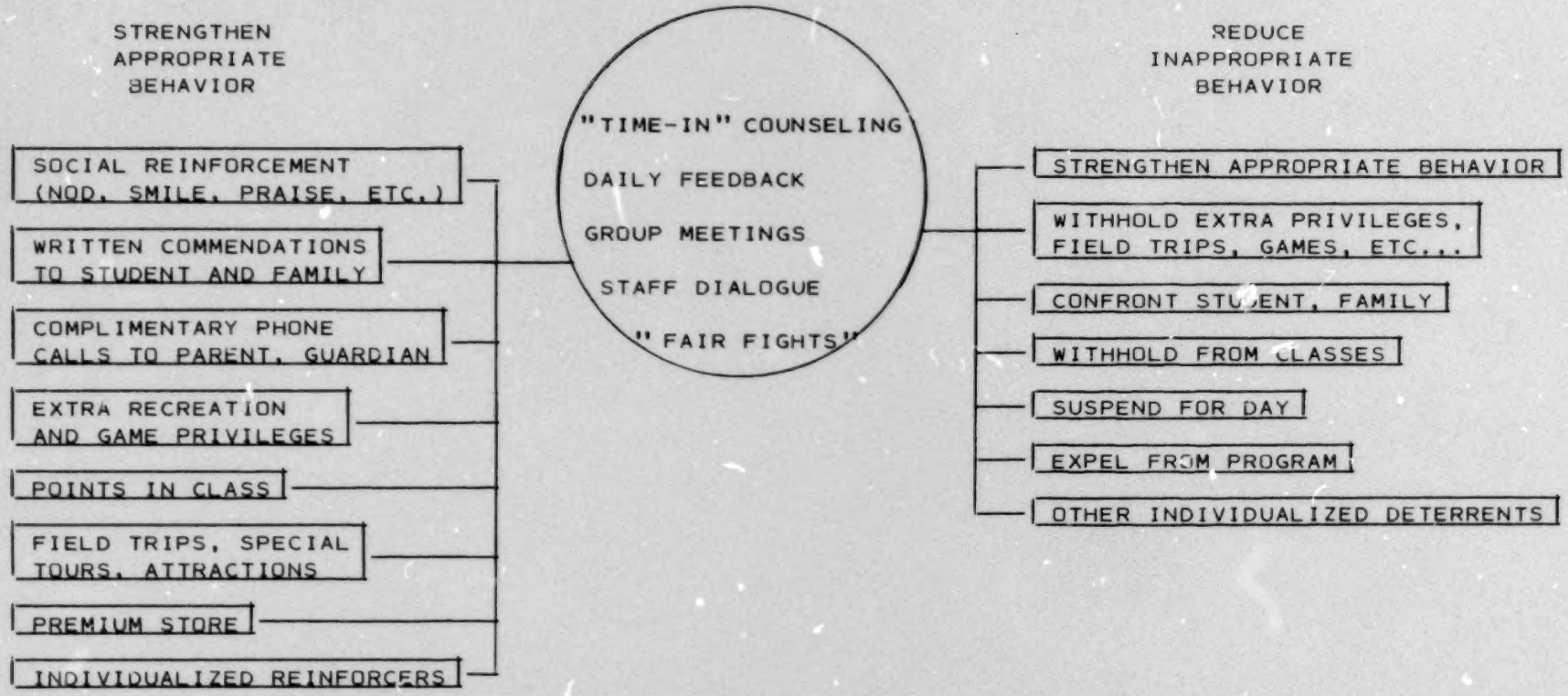


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FIGURE II

the program but were discharged either before most of the treatment goals were attained, or who left the program on short notice, without careful discharge planning taking place. Non-completers with low attendance (NL) were defined as participants who attended less than 50 days, and left the program on short notice without careful discharge planning. The cutoff point between the NH and NL groups was set at 50 days because it was believed that for most participants a minimum of 50 days in attendance was required in order for sizeable benefits to be gained from the program. While the cutoff point between the NL and NH group is quantitative, the distinction between graduates and NH youngsters is at times unclear. For example, a student who has attained most of his/her goals, but who chooses to leave the program or suddenly moves three weeks before the planned discharge is classified as an NH participant, although resembling greatly the graduates in terms of goal attainment.

Of the 133 participants, there were 57 graduates (42.9%), 39 NHs (29.3%), and 37 LHs (27.8%). The highest percentages of graduates were in the 13 year age group (12 of 20 for 60%), and the 16 year age group (8 of 15 for 53.3%). The lowest percentage of graduates was in the 14 year age group (35.4%). There was a slightly higher percentage of males graduating (44.8%) than females (39.1%), and a slightly higher percentage of blacks (46.2%) than whites (42.1%). In particular, 11 of the 19 black males participating in the program graduated (57.9%) in comparison to only one of the seven black females (14.3%). The graduation rate remained relatively consistent across the five years of the program, and also for the different referral groups.

The average number of days in actual attendance in the program for all 133 participants was 89.8, ranging from a low of one day to a high of 206 days. For the graduates, the average number was 132.3 days, while for the NH it was 91.6, and for the NL it was 22.7. Only 12 graduates finished the program in 100 days of attendance or less with almost half of them requiring from 121 to 160 days (43.9%). In contrast, 74.4% of the NH group attended less than 100 days. NL participants frequently were with the program only a very short time period. Sixteen of the 37 NL youngsters (43.2%) attended for less than 20 days while only six (16.2%) were in attendance for from 41 to 50 days.

The attendance percentage for all three groups was 74.6% of possible days. Graduates were in attendance 81.1% of possible days, with NH attending 75% of the time, and LH attending 64.2% of the time. The average of 132.3 days actually attended for the graduates combined with the 81.1% attendance means they were actually enrolled in the program for approximately 163 school days (32.6 weeks). With holidays and vacations considered, the average length of time that graduates were actually enrolled in the program was from eight to nine months, or approximately one school year.

One indication of student performance in the program was the percentage of possible points that they earned. Points were earned for completion of assignments, cooperative and helpful behavior, and progress towards personal goals. The average percentage of points earned for all participants was 86.6%, with graduates averaging 83.6%, NHs averaging 84.3%, and NLs averaging

89.9%. The very high percentage of points earned for the NL group is of particular note. It is consistent with the finding that the NL group presented no special behavior problems in the classes, but rather was a group characterized by considerable instability, resulting in students moving often, and running from their homes. In addition, this group included some chronic truants whose behavior was very appropriate while attending, but for whom the program failed to secure consistently good attendance.

An additional indicator of student performance was progress in academic areas. Standardized testing was done in reading and math upon admission and discharge, using the Woodcock Reading Test, and the Key Math Test. Often discharge testing could not be done for youngsters who left on short notice, resulting in reading data for only 80 participants and math data for only 79. The average gain in reading was 1.48 months for every month in the program, while the average gain in math was 1.31 months for every month of participation. For the graduates, 30.9% made two or more months progress in reading for every month in the program, and 27.8% made two or more months progress in math. The gains for the graduates and the NH group were comparable, averaging to 1.52 in reading and 1.43 in math for the graduates and 1.68 in reading and 1.40 in math for the NHs. In contrast, the six students in NL group for whom data are available averaged only .53 months gain in reading for every month in the program, and no gain in math.

Living Situation

One of the main program goals was to maintain the participants in a family living situation, and to avoid the need for residential treatment or hospitalization. Of the 105 youngsters who were living with at least one member of their family upon entry into the program, 101 were still living with their family at discharge. Two of the 43 program completers who were living with their family at entry (4.6%) were not with their family upon discharge, and they were in foster care. Of the NH group, 31 of 32 were still with their family at discharge, with the remaining youngster being in an independent living situation. The only NL youngster out of 30 who was not with his parents at discharge was on the run.

Of the 28 participants who were in foster care at the time of entry, 21 (75%) were still in foster care at the time of discharge. This includes 12 of the 14 graduates, with one graduate having returned home, and another one having moved to independent living. Of the seven NH youngsters who had been in foster care at the time of entry, five were in foster care at discharge, one had returned to his family, and one was on the run. Of the seven NL members, four remained in foster care, one was on the run, and two were in residential placements at the time of discharge.

In total, then, of the 57 program graduates, 53 were in the same type of living situation at discharge as they were at entry. Of the remaining four, two moved from their family into foster care, one from foster care back home, and one from foster care to independent living. Of the 39 NHs, 36 were in the same type of living situation at discharge as at entry, with one moving from a family into independent living, one from foster care to his family,

and one being on the run. Of the 33 NLs, only four were not in the same type of living situation at discharge as at entry. Two of these were on the run, and two were in residential treatment facilities.

Information on living situations 12 and 24 months after discharge were also gathered for program participants. Twelve month follow-up information is available for 63 adolescents, and 24 month information is available for 42 youngsters. Table 3 summarizes this information. Of the 33 graduates for whom the follow-up information is available, one was on the run and one was in residential treatment twelve months post-discharge. All others were in favorable living situations. In contrast, seven of the 17 NH members were in institutional placements at twelve months post discharge, and five of the NL members were either on the run or in institutions. The favorable information about the graduates with 31 out of 33 still in either a family or independent living situation (93.9%) is consistent with the information on living situations at discharge. However, both the NH and NL groups show a movement towards institutional placement or being on the run.

The 24-month follow-up data show 22 of 24 (91.7%) of the graduates to be in positive situations, only a very small decline from the 12 month data. The NH group is more favorable at this point than they were at 12 months, with only one youngster being on the run and none in institutions. Of the 10 NL members, exactly half were found to be either on the run or in residential settings two years after discharge.

For all three groups together, at the 12 month follow-up 77.8% of the youngsters were in favorable placements, and at the 24 month follow-up, 81.0% were in favorable placements. The group of graduates was consistently found to have positive long term outcomes both on an absolute basis (exceeding 90% in both groups), and in comparison to the other groups.

As an additional indicator of outcome, data were gathered on contact with the law and institutional placements any time during the follow-up time (see Table 4). Of the 33 graduates for whom data are available, 13 (39.4%) had contact with the law during the first twelve months after discharge, and four had an institutional placement (12.1%) sometime during this 12 month period. These figures compare favorably with the other two groups, particularly in the area of institutional placements. During the two-year period post-discharge, exactly half of the graduates had contact with the law while only two of 24 (8.3) had an institutional placement. The NL group, in particular, shows a poor performance, with seven of ten having contact with the law, and six having an institutional placement.

DISCUSSION

The day treatment program appears to have been moderately successful in maintaining students in the program until most of their treatment objectives had been attained. Of the 133 participants, about 43% remained in the program until completing it, while an additional 29% attended for 50 days or more while still leaving prematurely. These figures identify one of the

Table 3

Living Situation at Follow-Up

12 Months Post-Discharge	Completers	Non-Completers High	Non-Completers Low	Total
Family	20	8	8	36
Foster Care	10	2	0	12
Independent Living	1	0	0	1
Run	1	0	2	3
Institution	1	7	3	11
Total	33	17	13	63

24 Months Post-Discharge	Completers	Non-Completers High	Non-Completers Low	Total
Family	15	4	4	23
Foster Care	4	1	0	5
Independent Living	3	2	1	6
Run	1	1	2	4
Institution	1	0	3	4
Total	24	8	10	42

Table 4

Contact With the Law
and Placement in a Correctional Institution
or Mental Health Facility

	During Two Years Post-Discharge			During One Year Post-Discharge		
	Contact With Law	Institutional Placement	Total	Contact With Law	Institutional Placement	Total
Completers	12	2	24	13	8	33
Non-Completers High	3	3	8	7	7	17
Non-Completers Low	7	6	10	8	5	13
Total	22	11	42	28	16	63

major difficulties of treatment programs with multi-problem adolescents. Both they and their families have typically experienced considerable instability, are often of questionable motivational readiness for treatment, and therefore it is to be expected that there will be a relatively high treatment drop-out rate. This day treatment program, with only 14% of the participants living with both biological parents, and with many youngsters with prior histories of truancy, running away, and psychiatric hospitalization, had an especially difficult population to maintain in the program until treatment completion. While the results obtained show only moderate success, they are certainly not surprising. Also given the large gains on academic tests, and the relatively high percentage of points earned and days attended by the NH group, it appears that a significant percentage of these youngsters made gains in the program as well as the graduates.

The findings on changes in living situations are particularly noteworthy. Again, despite the instability most of the participants had experienced in prior living situations, 96% of adolescents living with at least one member of their family and 75% of these living in foster care remained in the same setting until program discharge. Even more significant, however, is the finding that 31 of 33 program graduates were in favorable living situations 12 months after discharge, and 22 of 24 were still in positive situations two years after discharge. The difference between the program graduates and the other two groups becomes most apparent in living situations 12 and 24 months after discharge. For example, seven of 17 NH youngsters and 3 of 13 LH youngsters were in institutions 12 months after discharge. All groups were found to have a relatively high percentage of their members with police contact after discharge, although for the graduates these contacts rarely resulted in incarceration.

This overall description of program results has obviously been hampered by the absence of a no-treatment comparison group. Such a group would have permitted a much clearer determination of the program effectiveness. Despite this absence, however, it can be concluded that the program had mixed success. Participants in the program who remained until being ready to leave the program show favorable short-term and longer-term outcomes, but a relatively high percentage of participants did not remain until completion.

Day treatment is designed to partly serve children whose individual and family problems are such that they might otherwise be placed in foster care or residential treatment, and so by its very nature serves a high risk population. Given this fact, it is to be anticipated that a program averaging about eight to nine months to complete will have a substantial number of program drop-outs. This should not detract, however, from the responsibility communities have to make every effort to prevent the need for removal through programs such as day treatment. Nor should program completion rates be accorded excessive importance in program evaluation; participants, particularly those who attend for extended periods of time and whose families are actively involved as well, may make sizeable gains and may in fact achieve the objective of remaining together and functioning better as a family despite not completing the program.

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